



Owner Information Form

Tenant Occupancy

Water Account Number *Date Effective (month/day/year) *

Effective Date Service Commences (mm/dd/yy)*

Service Address (where water meter is located) *

Does the property have more than one rental unit? No

Yes

 units

I, (We) Name of Owner(s) *

Of (Mailing Address) *

City/Town & Province *

Postal Code *

Email address:

I (We) declare that:

1. I (We) are the Owner(s) of the property at the above noted service address.
2. I (We) rent the property to a tenant.
3. I (We) request that the City of Brantford bill the tenant noted below directly at the service address for all water and wastewater charges and other related charges attributed to the above property, including penalty for overdue accounts.
4. I (We) have read and understand my (our) responsibilities as landlord(s) for the Water and Wastewater bill at the above tenanted property as written in the Water & Wastewater Billing and Collection Policy and related by-law adopted March 29, 2016.
5. I (We) acknowledge that the City of Brantford is not precluded from pursuing its legal remedies against the Tenant.
6. I (We) undertake to inform the City of Brantford of all Tenant(s), Occupant(s) and/or Owner(s) changes (including address), in a timely manner.
7. I (We) acknowledge that the utilities will be billed to me if no tenant account has been established or if the unit becomes vacant between tenants.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Owner(s) Signature(s) *	Tenant(s) Name(s) * (please print)
Owner(s) Home Telephone:*	<input type="text"/>
Owner(s) Cellular Telephone: *	Occupancy Date: * <input type="text"/>
Date: *	
Fields Marked With * Are Required	

Phone: 519-756-1360

Fax: 519-753-9884

Email: customerservices@brantford.ca

Website: www.brantford.ca or

<https://myutility.brantford.ca>

Mail: City of Brantford

Customer Services - Utilities

PO Box 515, 220 Colborne St.

Brantford, ON N3T 6L6